PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effect on 18980904 FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 ACTURE ANOUNT OF PAYMENT (beck all that apply) Check Codit Card Money Order None Other (please identity): Deposit Account Deposit Account Number: 02-2448 For the above-leftled deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Robert fee(s) Indicated below Charge fee(s) Indicated below Charge fee(s) Indicated below Robert fee(s) Indicated below Charge fee(s) Indicated below Robert fee(s) Ind	Under the P	aperwork Reduction Act of	1995, no person are requ	uired to	respond to a collection	on of informa	tion unless it displays	a valid OME	control numbe	
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 AT LINE TOTAL AMOUNT OF PAYMENT (beck all that apply) Check Codit Card Money Order None Other (please identity): Deposit Account Deposit Account Number: 02-2448 Deposit Account Payme Birch, Slewart, Kolasch & Birch, LIP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee FEE CALCULATION 1. BASIC FILING, SEARCH, ND EXAMINATION FEES FILING FEES FILING FEES FILING FEES FILING FEES FILING FEES FILING FEES FEE (S) Sea (S) Sea (S) Sea (S) Sea (S) Fee (S										
FOR FY 2009 Payment claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (b) 810.00 Attorney Docket No. 1248-0820PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identity): Deposit Account Deposit Account humber: 02-2448 Deposit Account Name, Birch, Stewart, Kolasch & Birch, LLP	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).									
Examiner Name R. S. Stronczef Applicant claims small entity status. See 37 CFR 1.27 At Unit 2425	FEE TRANSMITTAL									
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (b) 810.00 Attorney Docket No. 1248-0820PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (lease identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Number: 02-2448 Deposit Account Number: 02-2448 Deposit Account Number: 05-2448 Deposit Account Number: 05-2488 Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Credit any overpayments SEARCH FEES SEAMINATION FEES SMAII Entity Fee (S)										
TOTAL AMOUNT OF PAYMENT (t) 810.00 ABomey Docket No. 1249-0820PUS1 METHOD OF PAYMENT (check all that apply) Chack Coredit Cand Money Order No. Other (please identity): Deposit Account beyes Account Number: 02-2448 Deposit Account Number: Bitch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge (please) and property authorized to: (check all that apply) X Charge fee(s) indicated below, except for the filing fee (please) under 37 CHR 1-3(please) under 39 CHR 1-3(ple										
METHOD OF PAYMENT (check all that apply)					74t Oill					
Check Coredit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name; Birch, Slewart, Kolasch & Birch, LIP	TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney Docket No. 1248-0820Pt			1		
Deposit Account Names Deposit Account Names Deposit Account Names Birch, Stewart, Kollsoch & Birch, LLP	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) Charge	Check Credit Card Money Order None Other (please identify):									
Charge fee(s) indicated below, except for the filing fee	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Comparison Com	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Comparison Com										
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Fee (\$) Fee (\$										
Fill No FEES Small Entity Smal	FEE CALCULATION									
Paper										
Appolication Type Fee (5) Fee (5) Fee (7) Fee (7) Fee (8) Fee		FI		SEA		EXAMIN				
Design 220 110 100 50 140 70	Application T	vpe Fee (\$		ee (\$		Fee (\$)		Fees F	Pald (\$)	
Plant 220 110 330 165 170 85	Utility	330								
Reisaue	Design	220	110	100	50	140	70			
Refisable 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 0 Provisional 220 110 0 0 0 0 0 Fee (5) Fee (5) Fee (6) 52 26 Each claim over 20 (including Reissues) 52 26 Each claim over 30 (including Reissues) 220 110 Multiple dependent claims Fee (5) Fee Pald (5) Multiple Dependent Claims 13 20 or HF HP = highast number of total claims pald for, if greater than 20. Indep. Claims Fee (7) Fee Pald (8) Multiple Dependent Claims Fee (8) Fee Pald (8) HP = highast number of Independent claims pald for, if greater than 20. Indep. Claims Fee (7) Fee Pald (8) Fee Pald (8) Fee Pald (8) HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent claims pald for, if greater than 20. HP = highast number of Independent cla		220	110	330	165	170	85			
2 EXCESS CLAIM FEER Fee 1	Reissue	330	165	540		650	325			
Fee Description Fee (5) Fee (5) Fee (5) Fee (6) Fee (6) Fee (6) Fee (7) Fee (8) Fee (8) Fee (8) Fee (8) Fee (8) Fee (8) Fee (8) Fee Paid (8) Multiple dependent claims 13 - 20 or #Febra Claims 13 - 20 or #Febra Claims Fee (8) Fee Paid (8) Fee Paid (8) Fee Paid (9) F	Provisional	220	110	0	0	0	0			
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Total Claims Each Claims Each Claims Each Claims Each Claims Each Claims Each Claims Fee (5) Fee Paid (5) Fee Paid (5) Fee Paid (5) Fee Paid (6) Fee Paid (7) Fee Paid (8) Fee (8) Fee Paid (8) Fee (9) Fee Paid	2. EXCESS CLAIM FEES Small Entity									
Each independent claim over 3 (including Reissues) Columbia C									Fee (\$)	
Multiple dependent claims Total Claims 13 - 20 or HP 13 - 20 or HP 14 - 15 paster man 20. HP = Niphast runber of total claims pad for, if greater man 20. HP = Niphast runber of independent claims Fee (5) T - 7 or HP 15 Fee Paid (5) T - 7 or HP 15 Fee Paid (5) T - 7 or HP 15 Fee Paid (5) T - 7 or HP 15 Fee Paid (5) T - 7 or HP 15 Fee Paid (5) T - 7 or HP 15 Fee Paid (5) T - 7 or HP 15 Fee Paid (5) T - 7 or HP 16 Fee Paid (6) T - 7 or HP 16 Fee Paid (7) T - 7 or HP 16 Fee Paid (8) T - 7 or HP 17 or HP 18 Fee Paid (8) T - 7 or HP 18 Fee Paid (8)										
Section Part										
13 - 20 or 19" x Fee (5) Fee Paid (5) Total Sheets Fee (10) Fee Paid (5)										
Fee Paid (5) Fee Paid (5) Fee Paid (5) Fee Paid (5)										
Indep. Claims 7 - 7 or 19 = 24 1H° - highest rumber of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.70 (\$13.5 for small entity) for each additional 50 sheets of fraction thereof. See 50 U.S.C. 41(e)(1)(3) and 37 CFR 1.16(e). Total Sheets Extra Sheets Number of each additional 50 of fraction thereof. See 50 U.S.C. 41(e)(1)(3) and 37 CFR 1.16(e). Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 \$10.00 SUBMITTED 87 Separature Telephone (703) 205-8000	x = ree (s) ree raid (s)									
T. 7 or IPP X IPP Separation X IPP										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.70 (\$1.35 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(6)(1)(6) and 37 CFR 1.16(s). Total Sheets Extra Sheets Extra Sheets Non-English Specification, \$1.30 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 SUBMITTED BY Signature Registration No. 194,941 Teleptone (703) 205-8000	7 -7 or HP = × =									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.32(g), the application size fee due is \$270 (\$131.50 fer small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 of raction thereof Fee (\$5)	HP = highest number of independent claims paid for, if greater than 3.									
Isinings under 37 CFR 1.52(e)), the application size fee due is \$2.70 (\$13.5 for small entity) for each additional 50 sheets or fraction therofs. Set 35 U.S. c. 14(e)(1/9)(a) and 37 CFR 1.16(e). Total Sheets										
sheets of fraction thereof. See 35 U.S.C. 41(a)(1/G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional Sor fraction thereof Fee (5) Fee Paid (5) 4. OTHER FEE(S) 760 = (round up to a whole number) x Fees Paid (5) Non-English Specification, \$130 fee (no small entity discount) The Paid (5) Other (e.g., late filling surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 SUBMITTED 87 Fees Paid (5) The Paid (5) Repositation No. 94,941 Telephone (703) 205-8000 Submitted No. 94,941 Telephone (703) 205-8000 Repositation No. 94,941 Telephone (703) 205-8000 R										
Total Sheets Extra Sheets Number of each additional 58 or fraction thereof Fee (5) Fee Paid (5) 4. OTHER FEE(S) Non-Rightsh Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 SUBMITTED BY Registration No. Quantum March (1998) Quantum March (
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 Signature 1905 (round up to a whole number) x Fees Paid (5) Request for continued examination (RCE) (see 37 810.00 Signature (703) 205-8000										
4. OTHER FEE(s) Non-Righlish Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 SUBMITTED BY Signature Reportation No. (Macros/Agent) 39,491 Telephone (703) 205-8000										
Non-English Specification, \$130 fee (so small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 SUBMITTED BY Signature Signatur										
SUBMITTED BY Signature Registration No. Pultomerplayers 39,491 Telephone (703) 205-8000										
Signature Registration No. (Attorney/Agent) 39,491 Telephone (703) 205-8000	Other (e.g.,	late filing surcharge):	1801 Request fo	r cont	inued examinat	ion (RCE) (see 37	81	0.00	
Attorney/Agent) 39,491 Telephone (703) 203-8000	SUBMITTED BY		m //							
	Signature	1/1//	11 nets	-7	Registration No. (Attorney/Agent) 39,491		Telephone	(703) 205-8000		
	Name (Print/Type)	Michael R. Camm	arata		,,		Date	April 30	, 2009	